

The diagram illustrates the mechanism of Buprenorphine. It shows an 'Empty Receptor' (a funnel shape) and a 'Full-Agonist Opioid' (a sphere with a cross). The Buprenorphine molecule (a sphere with a cross) is shown binding to the receptor. Text labels include: 'Buprenorphine', 'Empty Receptor', 'Full-Agonist Opioid', 'Receptor Sends Pain Signal to the Brain', and 'Withdrawal Pain'.

Perfect Fit -  
Maximum  
Opioid Effect.

No Withdrawal  
Pain

Euphoric opioid  
effect

Imperfect fit  
limited optical  
effect

**Opioid receptor is empty.** As someone becomes *tolerant* to opioids, they become less sensitive and require more opioids to produce the same effect. Whenever there is an insufficient amount of opioid

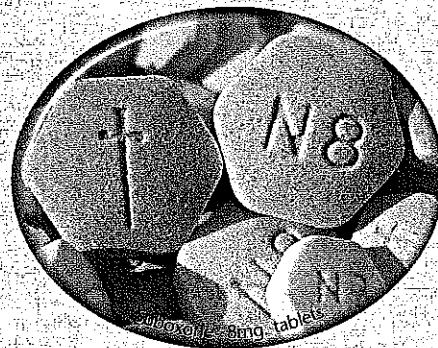
**Opioid receptor filled with a full-agonist.** The strong opioid effect of heroin and painkillers can cause euphoria and stop the withdrawal for a period of time (4-24 hours). The brain begins to crave opioids, sometimes

**Opioids replaced and blocked by buprenorphine.** Buprenorphine competes with the full agonist opioids for the receptor. Since buprenorphine has a higher affinity (stronger binding ability) it expels

**Over time (24-72 hours) buprenorphine dissipates, but still creates a limited opioid effect (enough to prevent withdrawal) and continues to block other opioids from attaching to the opioid receptors.**

In October 2002 the FDA approved two prescription buprenorphine medications marketed by Reckitt Benckiser Pharmaceuticals, Inc.\* as Suboxone® (buprenorphine/naloxone) and Subutex® (buprenorphine) available in 8mg. and 2mg. tablets. Currently these are the only buprenorphine medications approved by the FDA for the treatment of opioid dependence.

This medication is administered by placing a tablet under the tongue (sublingual). Buprenorphine is absorbed through thin membranes into the blood vessels under the tongue.



Suboxone is the brand name for buprenorphine when combined with naloxone. Naloxone is a medication that causes withdrawal in opioid-dependent people. However, naloxone is poorly absorbed sublingually, or when taken orally. Therefore, taken as directed, very little naloxone enters into the blood. Normally, patients are unaffected by the presence of it.

The purpose for the addition of naloxone to buprenorphine is to reduce the risk of misuse. If Suboxone is misused (administered intravenously), the naloxone will cause immediate and intense withdrawal in opioid-dependent people.

Not unlike any other treatment, you should remain in treatment only as long as it is needed and is effective in treating the disease. This could be months, years or indefinitely. You and your healthcare team will determine what is best for you, based on any side effects, history, environment and many other factors.

Considered to be the most significant new treatment for opioid dependence in 30 years, buprenorphine alone is not a cure. It or any treatment can only be effective with a complete treatment plan including appropriate behavioral therapy.

Not all doctors are qualified to prescribe buprenorphine for opioid addiction. They must become certified by taking an eight-hour training course to obtain a waiver. (This course is now offered online, see [naabt.org](http://naabt.org).) Even once they have become certified to prescribe, the law restricts them to a 30-patient limit per physician, or 100-patient limit for those who have had waivers for one year or longer.

The NAABT website provides two ways to find a prescribing physician at: [www.Patient-Doctor-Connection.com](http://www.Patient-Doctor-Connection.com). The first – “List of Certified Physicians” – generates a list of prescribing physicians in a specified mileage radius of the zip code entered. However, not all doctors opt to be on this national list originating at SAMHSA (Substance Abuse and Mental Health Services Administration).

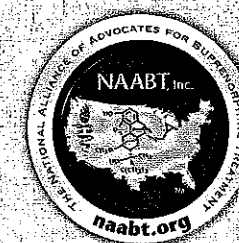
Alternately, we have the Patient/Physician Matching System. This free-of-charge online service is available 24/7, and allows patients to reach out for help anytime and with complete privacy. It serves as a non-intimidating first step for those seeking treatment.

How it works: The patient registration process consists of a short list of questions to help match patients to physicians. NAABT does not ask for patient's name, address or telephone number. After a patient submits the application, alert emails go out to physicians. Once an area physician has the capacity to treat an additional patient, the NAABT Patient/Physician Matching System allows the physician to contact that patient confidentially by email to discuss treatment availability. Counselors or advocates can register on behalf of patients who do not have computer access.

**The National Alliance of Advocates for Buprenorphine Treatment (NAABT)** is a 501(c)3 non-profit organization with the mission to:

- Educate the public about the disease of opioid addiction and the buprenorphine treatment option.
- Help reduce the stigma and discrimination associated with patients with addiction disorders.
- Serve as a conduit connecting patients in need of treatment to treatment providers.

Our website has information on addiction and the buprenorphine treatment option, along with a peer support community for those in treatment, seeking information about treatment, or family and friends of either.



**DISCLAIMER:** Information contained in this brochure is not intended to substitute for the expertise and advice of your physician, counselor, pharmacist, or other healthcare professional. It should not be interpreted as a claim that use of the treatment is safe, appropriate or effective for you. It is entirely your responsibility to consult your healthcare professional before using any treatment.

\*Suboxone and Subutex are manufactured by Reckitt Benckiser, Inc. NAABT, Inc. is not affiliated with Reckitt Benckiser, Inc. see [www.naabt.org/about\\_us.cfm](http://www.naabt.org/about_us.cfm) for details.

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### WHAT IS OPIOID DEPENDENCE/ADDICTION?

Taking strong opioid painkillers, in large doses, for an extended period of time, can cause *physical dependence* in humans. This means when the medication is discontinued abruptly, withdrawal symptoms occur. This is normal physiology and does not require addiction treatment. However, if an uncontrollable compulsion develops and is accompanied by an increased quantity of drug to achieve the same effect, and opioid use continues despite negative consequences, such as loss of a job, then these conditions may be considered *addiction* and may require treatment.

### OPIOID ADDICTION IS A BRAIN DISEASE

Opioid addiction is a treatable chronic brain disease precipitated by fundamental, long-term, changes to the structure and functioning of this organ. Once someone becomes addicted, areas of the brain are altered from the normal healthy state. This is why addiction is classified as a disease. These are physical changes to the brain – not caused by lack of morals, controlled by willpower, nor cured by good advice. It's a disease as is diabetes or cancer, and it is treatable.

### THE DRUG ADDICTION TREATMENT ACT OF 2000 (DATA 2000)

The Act enables qualified physicians to prescribe and/or dispense opioid medications for the purpose of treating opioid dependency (addiction). For the first time in over 30 years, physicians are able to treat this disease from their private offices or other clinical settings. This presents a very desirable treatment option for those who are unwilling or unable to seek help in drug treatment clinics.

Patients can now be treated in the privacy of their doctor's office. One medication doctors may now prescribe is buprenorphine.

### WHAT IS BUPRENORPHINE?

Buprenorphine (Byoo-pre-nor-feen) has been used in the U.S. to treat pain and in Europe to treat opioid dependence (addiction) for over 10 years. Buprenorphine is a semi-synthetic opioid and is a *partial agonist*.

- Opioid Agonists are drugs that cause an opioid effect like heroin, oxycodone, hydrocodone, and methadone.
- Opioid Antagonists are drugs that block and reverse the effects of agonist drugs. Narcan® is an antagonist and is used to reverse heroin overdoses.

Buprenorphine acts like both an agonist and antagonist. Buprenorphine attaches to the opioid receptors but only activates them *partially*. Even when all available receptors are occupied with buprenorphine the total opioid effect is relatively low. This is observed as a ceiling effect. Beyond a certain dose, effects of more buprenorphine are not detected by the patient. The antagonist property of the medication "kicks off" and blocks other opioids from the opioid receptor sites. Therefore, even if the patient decides to misuse opioid drugs after taking buprenorphine, the effects can be blocked, depending on dosage. Other opioids continue to provide more effect as more is taken, eventually leading to respiratory depression and death. Buprenorphine is different; its effects level off at a relatively low dose. That is, even if more is taken, there are no significant increased effects. This helps lower the risk of overdose and misuse.

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## THE NATIONAL ALLIANCE OF ADVOCATES FOR BUPRENORPHINE TREATMENT



**Buprenorphine.**  
A new treatment for  
opioid dependence  
in the privacy of  
your doctor's office.